

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name ABHINAV GUNDAPUNENI	Social security number 754-33-6033
Spouse's name	Spouse's social security number

## Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	60,295.
<b>2</b> Total tax . . . . .	<b>2</b>	6,182.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	7,334.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	2,552.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	6	0	3	3
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication — Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial ABHINAV		Last name GUNDAPUNENI		Your social security number 754-33-6033
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 2612 MOSSBERG CT			Apt. no.	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. SAINT CHARLES		State MO	ZIP code 63303	
Foreign country name		Foreign province/state/county	Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1957  Are blind **Spouse:**  Was born before January 2, 1957  Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit Credit for other dependents	
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b> 66,615.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>
	<b>8</b> Other income from Schedule 1, line 10 . . . . .		<b>8</b> -6,320.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b> 60,295.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b> 60,295.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b> 12,550.	
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b> 300.	
	<b>c</b> Add lines 12a and 12b . . . . .		<b>12c</b> 12,850.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .		<b>13</b>
	<b>14</b> Add lines 12c and 13 . . . . .		<b>14</b> 12,850.
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b> 47,445.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	6,182.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,182.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,182.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	6,182.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,334.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	7,334.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span>	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	32	1,400.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	8,734.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,552.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,552.
b	Routing number 081904808 <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 291027645859		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
37	<b>Amount you owe.</b> Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (618) 401-7712 Email address ABHINAV.GUNDAPUNENI@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/15/2022	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
ABHINAV GUNDAPUNENI

Your social security number  
754-33-6033

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-6,320.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-6,320.

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>
<b>b</b>	Recipient's SSN . . . . .	▶ _____	
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>20</b>	IRA deduction . . . . .		<b>20</b>
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>
<b>22</b>	Reserved for future use . . . . .		<b>22</b>
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount ▶ _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

ABHINAV GUNDAPUNENI

Your social security number

754-33-6033

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	PAPARAYUDU NAGAR, KUKUTPALL HYDERABAD TELANGANA IN 500060					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>	
<b>A</b>	3		A	325	0	<input type="checkbox"/>
<b>B</b>			B			<input type="checkbox"/>
<b>C</b>			C			<input type="checkbox"/>

**Type of Property:**

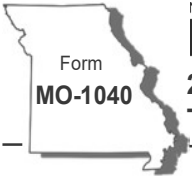
- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	475.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>	240.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	600.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	900.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>	2,160.		
<b>15</b> Supplies . . . . .	<b>15</b>	1,860.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	1,035.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	6,795.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>	-6,320.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 6,320. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		475.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,795.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 6,320. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>			-6,320.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -6,320.

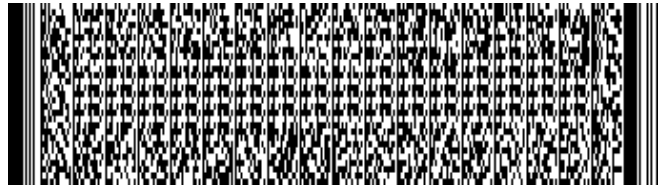
Schedule E (Form 1040) 2021



MISSOURI DEPARTMENT OF  
**REVENUE**  
2021 Individual Income  
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2021

Print in BLACK ink only and DO NOT STAPLE.



Amended Return  Composite Return  
(For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

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Vendor Code

1555

Department Use Only

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Filing Status

Single  Claimed as a Dependent  Married Filing Combined  Married Filing Separately  Head of Household  Qualifying Widow(er)

Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse

Yourself  Spouse  | Yourself  Spouse  | Yourself  Spouse  | Yourself  Spouse  | Yourself  Spouse

Name

Social Security Number	Deceased in 2021	Spouse's Social Security Number	Deceased in 2021
754 - 33 - 6033	<input type="checkbox"/>		<input type="checkbox"/>
First Name	M.I.	Last Name	Suffix
ABHINAV	<input type="checkbox"/>	GUNDAPUNENI	<input type="checkbox"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
	<input type="checkbox"/>		<input type="checkbox"/>

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

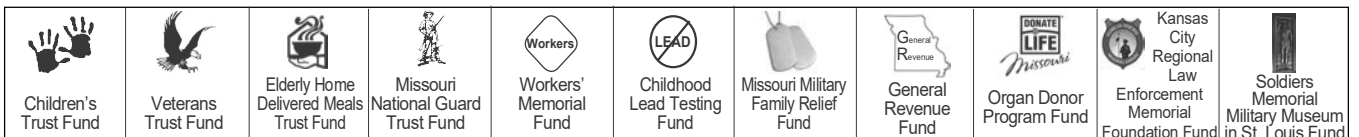
Present Address (Include Apartment Number or Rural Route)

2612 MOSSBERG CT

City, Town, or Post Office: SAINT CHARLES State: MO ZIP Code: 63303 -

County of Residence:

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 of the instructions for more trust fund information.





Income

	Yourself (Y)			Spouse (S)		
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) . . . . .	1Y	60295	.00	1S		.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		.00	2S		.00
3. Total income - Add Lines 1 and 2. . . . .	3Y	60295	.00	3S		.00
4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .	4Y		.00	4S		.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3. . . . .	5Y	60295	.00	5S		.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	60295	.00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) . . . . .	7Y	100	%	7S		%

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D) . . . . .	8		.00
9. Tax from federal return . . . . .	9	6182	.00
10. Other tax from federal return. . . . .	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	6182	.00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage . . . . .	12	15.00	%

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less . . . . .	35%
\$25,001 to \$50,000 . . . . .	25%
\$50,001 to \$100,000 . . . . .	15%
\$100,001 to \$125,000 . . . . .	5%
\$125,001 or more . . . . .	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .	13	927	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550      • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8 . . . . .	14	12550	.00
15. Long-term care insurance deduction . . . . .	15		.00
16. Health care sharing ministry deduction. . . . .	16		.00
17. Active Duty Military income deduction . . . . .	17		.00
18. Inactive Duty Military income deduction . . . . .	18		.00
19. Bring jobs home deduction . . . . .	19		.00
20. Transportation facilities deduction . . . . .	20		.00

A. Port Cargo Expansion     B. International Trade Facility     C. Qualified Trade Activities





Deductions Continued

21. First Time Home Buyers deduction.	A. <input type="text"/>	B. <input type="text"/>	21	<input type="text"/>	.00
22. Long Term Dignity Savings Account Deduction. . . . .			22	<input type="text"/>	.00
23. Total deductions - Add Lines 8 and 13 through 22. . . . .			23	13477	.00
24. Subtotal - Subtract Line 23 from Line 6. . . . .			24	46818	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	25Y	46818	.00	25S	.00
26. Enterprise zone or rural empowerment zone income modification . . . . .	26Y	<input type="text"/>	.00	26S	.00

Tax

27. Taxable income - Subtract Line 26 from Line 25. . . . .	27Y	46818	.00	27S	.00
28. Tax (see tax chart on page 26 of the instructions). . . . .	28Y	2341	.00	28S	.00
29. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	29Y	<input type="text"/>	.00	29S	.00
30. Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100% . . . . .	30Y	100	%	30S	%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30 . . . . .	31Y	2341	.00	31S	.00
32. Other taxes - Select box and attach federal form indicated.  <input type="checkbox"/> Lump sum distribution (Form 4972)  <input type="checkbox"/> Recapture of low income housing credit (Form 8611)	32Y	<input type="text"/>	.00	32S	.00
33. Subtotal - Add Lines 31 and 32. . . . .	33Y	2341	.00	33S	.00
34. Total Tax - Add Lines 33Y and 33S. . . . .	34	2341	.00		

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	35	2688	.00		
36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021 . . . . .	36	<input type="text"/>	.00		
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> . . . . .	37	<input type="text"/>	.00		
38. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	38	<input type="text"/>	.00		
39. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	39	<input type="text"/>	.00		
40. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	40	<input type="text"/>	.00		
41. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	41	<input type="text"/>	.00		
42. Total payments and credits - Add Lines 35 through 41. . . . .	42	2688	.00		



Skip Lines 43 through 45 if you are not filing an amended return.

43. Amount paid on original return . . . . . 43  .00

44. Overpayment as shown (or adjusted) on original return . . . . . 44  .00

**Indicate Reason for Amending**

- A. Federal audit . . . . . Enter date of IRS report (MM/DD/YY)
- B. Net Operating Loss carryback . . . . . Enter year of loss (YY)
- C. Investment tax credit carryback . . . . . Enter year of credit (YY)
- D. Correction other than A, B, or C . . . . . Enter date of federal amended return, if filed. (MM/DD/YY)

45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44.  
 Enter on Line 45. . . . . 45  .00

46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference.  
 Amount of OVERPAYMENT . . . . . 46  347 .00

47. Amount of Line 46 to be applied to your 2022 estimated tax . . . . . 47  .00

48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

48a. Children's Trust Fund  .00    48b. Veterans Trust Fund  .00    48c. Elderly Home Delivered Meals Trust Fund  .00    48d. Missouri National Guard Trust Fund  .00

48e. Workers' Memorial Fund  .00    48f. Childhood Lead Testing Fund  .00    48g. Missouri Military Family Relief Fund  .00    48h. General Revenue Fund  .00

48i. Organ Donor Program Fund  .00    48j. Kansas City Regional Law Enforcement Memorial Foundation Fund  .00    48k. Soldiers Memorial Military Museum in St. Louis Fund  .00

48l. Additional Fund Code  Additional Fund Amount  .00    48m. Additional Fund Code  Additional Fund Amount  .00

Total Donation - Add amounts from Boxes 48a through 48m and enter here . . . . . 48  .00

49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . . 49  .00

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here . . . . . 50  347 .00

Reserved



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference. Amount of UNDERPAYMENT . . . . . 51 . 00

52. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here . . . 52 . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. AMOUNT DUE - Add Lines 51 and 52. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 53 . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in Chapter 143, RSMo., a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature Date (MM/DD/YY) [Signature Box] [Date Box] [Date Box] [Date Box]

Spouse's Signature (If filing combined, BOTH must sign) Date (MM/DD/YY) [Signature Box] [Date Box] [Date Box] [Date Box]

E-mail Address Daytime Telephone SYAM@GTAXFILE.COM 6184017712

Preparer's Signature Date (MM/DD/YY) SYAM PRIYA RAM SAGAR GUPTA TALLAM 02 15 22

Preparer's FEIN, SSN, or PTIN Preparer's Telephone 30-1017196 6789659522

Preparer's Address State ZIP Code 2530 PEBBLE CREEK LN CUMMING GA 30041

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm . . . . .  Yes  No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. . . . .  Yes  No



Department Use Only

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Form MO-1040 (Revised 12-2021)

Mail to: Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 Phone: (573) 751-7200

Refund or No Amount Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500 Phone: (573) 751-3505

Fax: (573) 522-1762 Email: income@dor.mo.gov



Ever served on active duty in the United States Armed Forces? If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.